

# Attachment H.4\_A\_Sample HEDIS Report



## Provider X

LAP10000307000-000

## Physician Quality Measurement Report

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**Address:** PROVIDER ADDRESS  
STE 2  
MANGHAM LA 71259

**Phone:** 3182480000  
**FAX:** 3182480000

Measure	Your Rate			Comparison Rates			
	Numer	Denom	Rate	Provider Group Rate	LHCC Plan	NCQA - 75th Percentile	DHH Benchmark
Adolesc Well Care 14	42	114	36.84	19.00	23.56	57.40	57.40
Child Imm w Lead 14 - Combo 2	1	11	9.09	7.69	17.51	81.74	
Imms Adolescents 14 - Combo 1	8	14	57.14	46.43	58.27	77.08	
Lead Screening 14	8	11	72.73	67.31	68.03	82.24	
Weight Assess 14 - Phys Act Total	0	150	0.00	0.15	1.87	55.26	
Weight Assess 14 - Nutrition Total	3	150	2.00	10.16	4.01	67.91	
Weight Assess 14 - BMI Total	1	150	0.67	4.79	3.25	69.68	
Well Child 15 Mth 14 - 6 + visits	1	4	25.00	32.26	42.17	70.90	
Well Child 3-6 Yr 14	21	40	52.50	37.05	37.30	78.51	78.51
ADHD Initiation Phase	500	1500	33.33	37.05	37.30	46.00	
ADHD Continuation and Maintenance Phase	500	1500	33.33	37.05	37.30	56.00	
Ambulatory Care - ED	83366	17967730	46.40	56.70	46.40	75.53	